



IOWA INITIAL REFUGEE HEALTH ASSESSMENT FORM

Please return the completed form within one month of the patient's health assessment.

Name (Last, First, Middle): _____ Alien #: _____

Date of Birth: _____ Country of Origin: _____

TB Class (circle one): A, B1, B2, no class

Gender: _____

Date of First Clinic Visit for U.S. Screening: ____/____/____ Resettlement Agency: _____

Immunization Record: Please enter immunizations administered today in the Immunization Registry Information System (IRIS). IDPH will enter all overseas records into IRIS upon notification of a new arrival. Immunizations entered into IRIS: ☐ Yes ☐ No

Hepatitis Screening:

Hepatitis B	Anti-HBs:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive; <i>patient is immune.</i>	<input type="checkbox"/> Not done
	HBsAg:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive; <i>all household contacts should be screened.</i>	<input type="checkbox"/> Not done
	Anti-HBc:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not done
Hepatitis C (Optional):		<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not done

Tuberculosis Screening:

Tuberculin Skin Test (TST)	Chest X-Ray - Done in U.S.	Diagnosis	Treatment
(Regardless of BCG history) ____ mm Induration (not redness) <input type="checkbox"/> Past history of positive TST (66) <input type="checkbox"/> Given, not read (77) <input type="checkbox"/> Not done (99)	Required when: <ul style="list-style-type: none">• TST/IGRA +• Class B Status• S/S TB Disease <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, old or healed TB <input type="checkbox"/> Abnormal, consistent with active TB <input type="checkbox"/> Abnormal, not consistent with active TB <input type="checkbox"/> Pending <input type="checkbox"/> Not done	(Check one) <input type="checkbox"/> No TB infection or disease <input type="checkbox"/> Latent TB Infection (LTBI)* <input type="checkbox"/> Old, healed <u>not</u> prev. Tx TB* <input type="checkbox"/> Old, healed prev. Tx TB <input type="checkbox"/> Active TB disease –(suspected or confirmed)* <input type="checkbox"/> Pending <input type="checkbox"/> Incomplete eval., lost to F/U *Complete TB Tx section	(TB disease or LTBI) Start Date: _____ Reason if not treating <input type="checkbox"/> Completed Tx overseas <input type="checkbox"/> Declined treatment <input type="checkbox"/> Medically contraindicated <input type="checkbox"/> Moved out of area <input type="checkbox"/> Lost to F/U <input type="checkbox"/> Further eval. pending <input type="checkbox"/> Other: _____
IGRA Test (preferred > age 5) <input type="checkbox"/> QFT/QFT-GIT <input type="checkbox"/> Tspot <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not done			

Sexually Transmitted Infections:

HIV:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done
HIV Confirm:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive					
Syphilis:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done
Syphilis Confirm:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive					
Chlamydia:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done
Gonorrhea:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done

Intestinal Parasite Screening: Most refugees have received presumptive treatment overseas. Serology and stool testing is necessary **ONLY** if presumptive treatment did not occur **or** signs or symptoms of infection are present.

Serology Test

Schistosoma:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done
Strongyloides:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done

Stool Test

<input type="checkbox"/> Done <input type="checkbox"/> Not done <input type="checkbox"/> Sample not returned											
<input type="checkbox"/> No parasites found											
<input type="checkbox"/> Non-pathogenic parasites found											
<input type="checkbox"/> Pathogenic parasite(s) found (check all that apply)											
<input type="checkbox"/> Ascaris		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Strongyloides Trichuris		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Giardia		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Entamoeba histolytica		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Schistosoma		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Paragonimus		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Clonorchis		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other: (Specify)		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Hookworm		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other: (Specify)		Treated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete Blood Count:

CBC with differential done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eosinophilia present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Results pending
Was further evaluation done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Malaria Screening: Recommended **ONLY** if the refugee is showing signs and symptoms of infection **or** if the refugee is from Sub-Saharan Africa and has **not** received presumptive treatment overseas.

Malaria	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Treated/Referred:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done
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General:

Height (in)	Weight (lbs)	Lead (<17 yrs old)	Hemoglobin

Currently Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not done	Hearing Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not done
Mental Health Concern	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not done	Dental Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not done
Vision Loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not done				

Referrals:

<input type="checkbox"/> Primary Care Provider	<input type="checkbox"/> Ear, Nose and Throat (ENT)	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Public Health Nurse (PHN)
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hematology/Oncology	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> WIC	<input type="checkbox"/> Dental	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Urology
<input type="checkbox"/> Gastroenterology (GI)	<input type="checkbox"/> Audiology/Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Neurology
<input type="checkbox"/> General Medicine	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Other Referral:

Other Health Concerns/ Diagnoses: _____

Interpreter used? ☐ Yes ☐ No

Language: _____

Interpreter Type:

- ☐ Professional Interpretation Services
☐ Onsite Interpreter
☐ Friend/Family Member

Note: Please fill out the Iowa Refugee Health Assessment Form and return to the Refugee Health Program within 30 days of receipt. As an alternative, you may submit the patient's complete health report from their refugee health assessment; please ensure that it contains the above information. For more information, contact the Refugee Health Program, Iowa Department of Public Health at Phone: (515) 281-0433, **Fax: (515) 281-4570** or Jessica.Eagan@idph.iowa.gov

Screening Clinic: _____ **Physician/PA/NP (Last, First):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Name/title person completing form: _____ **Date screening completed:** ____/____/____



Iowa Department of Public Health Domestic Refugee Health Assessment Screening Recommendations

Recommendations are based upon [CDC Guidelines](#)

Disease or Condition	Recommendation
General	Along with the below categories, this screening is an opportunity to identify any untreated chronic or acute illness a refugee may be experiencing, as well as to establish primary care. Patients should be asked if they are currently suffering any symptoms of which the provider should be aware. Overseas medical records should be carefully reviewed. Daily pediatric multivitamins should be prescribed for all refugee children aged 6 to 59 months, as well as for older children who exhibit clinical or laboratory evidence of poor nutrition.
Immunizations	Assess and update immunizations for each individual according to general ACIP recommendations. Child and adult immunization catch-up schedules should be consulted for refugees who are not up to date on their immunizations.
Hepatitis	Administer a hepatitis B screening panel including hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and hepatitis B core antibody (anti-HBc) to all adults and children. Vaccinate previously unvaccinated and susceptible children 0-18 years of age. Vaccinate susceptible adults at increased risk for HBV infection or from endemic countries. Refer all persons with chronic HBV infection for additional ongoing medical evaluation. Screen for hepatitis C in individuals with risk factors. For refugees, pertinent risk factors include: a history of illicit injection drug use, a history of hemodialysis or a blood transfusion, previous work as a healthcare provider, tattoos, and being born to a mother with hepatitis C.
Tuberculosis (TB)	<p>Perform a tuberculin skin test (TST) or blood interferon gamma release assay (IGRA)* for TB for all individuals regardless of BCG history, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results. A chest x-ray should be performed for all individuals with a positive TST or IGRA test. A chest x-ray should also be performed regardless of IGRA/TST results for those with a TB Class A or B designation from overseas exam and/or those who have symptoms compatible with TB disease.</p> <p>*The IGRA is preferable to the TST for refugees because it reduces false positives from the BCG vaccine, thus increasing the acceptance of LTBI treatment¹ and reducing the need for further diagnostic testing. One such IGRA, the quantiFERON-TB Gold In-Tube (QFT-GIT)®, is available from the State Hygienic Lab in Iowa. A courier system is in place to transport specimens. The CPT code is 86480 and it is reimbursable through Medicaid. Additional information regarding specimen collection and shipping instructions for the State Hygienic Laboratory can be found in the Tuberculosis tab of the Refugee Health Quick Reference Guide.</p> <p>¹ Morbidity and Mortality Weekly Report. Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection – United States, 2010. June 25, 2010 / Vol. 59 / No. RR—5 / Pg. 1 – 26.</p>
Sexual Transmitted Infections & HIV	The CDC strongly recommends universal HIV screening for newly arrived refugees. Refugees are not tested for HIV infection prior to arrival in the United States. Refugees are tested for syphilis up to six months prior to arrival, but not for other STIs. Use clinical judgment to screen for syphilis, chlamydia, gonorrhea and other STIs. The CDC recommends all sexually active females 25 years of age or younger be screened for chlamydia and gonorrhea at least annually.

Intestinal Parasites	<p>For all refugees: Perform a complete blood count (CBC) with differential. If eosinophil count is elevated (>400 cells/ul), re-check in 3-6 months and evaluate further if still elevated. This is the only parasite screening necessary for refugees who have received full pre-departure presumptive treatment. Currently, this list includes refugees whose cases were processed in: Kenya, Rwanda, South Africa, Tanzania, Ethiopia, Uganda, Burundi, Malaysia, Thailand, Nepal, Iraq, or Jordan (wherein they can be assumed to have received pre-departure presumptive treatment) unless they had a contraindication to pre-departure presumptive treatment (see below under “screen only”).</p> <p>O&P stool testing or presumptive treatment: all refugees arriving from a country other than those listed above and:</p> <ul style="list-style-type: none"> ○ Screen only: refugees who are under two years old, are pregnant or recently gave birth, have a history of unexplained seizures, neurocysticercosis, or cysticercosis, regardless of country of origin. ○ Documented albendazole treatment then no screening/treatment needed unless symptomatic. <p>Schistosoma serology testing or presumptive treatment: all Sub-Saharan African refugees arriving from a country other than those listed above and:</p> <ul style="list-style-type: none"> ○ Screen only: all Sub-Saharan African refugees who are under five years old or 94 cm, have a history of unexplained seizures, neurocysticercosis, or cysticercosis. ○ Documented praziquantel treatment then no screening/treatment needed unless symptomatic. <p>Strongyloides serology testing or presumptive treatment: all refugees arriving from a country other than those listed above and:</p> <ul style="list-style-type: none"> ○ Screen only: all refugees who are under 15kg or 90cm, are pregnant or recently gave birth, or are from a loa-loa endemic region regardless of country of origin. ○ Documented ivermectin or high-dose albendazole treatment then no screening/treatment needed unless symptomatic.
Malaria	<p>Screen those who present with symptoms suspicious of malaria. For asymptomatic refugees from Sub-Saharan Africa, screen if there is both no documented pre-departure presumptive treatment of Artemether-lumefantrine and the patient has arrived from a country that is not on the CDC’s presumptive treatment list¹ or they had a contraindication² to treatment prior to arrival. Individuals without contraindications may be presumptively treated rather than screened. Individuals with contraindications should receive diagnostic testing first, and if positive, receive directed treatment. Diagnostic testing should be performed with blood smears or rapid diagnostic tests with a kit recommended by DGMQ for IOM use for medical screening of U.S.-bound refugees.</p> <p>¹ The CDC list currently includes: Kenya, Rwanda, South Africa, Tanzania, Ethiopia, Uganda, and Burundi; it can be assumed that refugees arriving from these countries have received pre-departure treatment regardless of their medical records.</p> <p>² Contraindications to Artemether-lumefantrine include: pregnant women, lactating women, children weighing less than 5 kilograms and persons with other contraindications.</p>
Lead	<p>Screen all refugee children under 17 years old. If BLL is elevated (≥ 10 $\mu\text{g/dL}$), check for lead sources and evaluate family members; follow-up care as needed.</p>
Mental Health	<p>Providers should be aware of the high prevalence of depression, post-traumatic stress disorder (PTSD), panic attacks, and somatization in refugees. It is common for refugees to present with stress-related somatic symptoms such as headaches, stomachaches and back pain. Refugees experiencing these symptoms with unexplained etiology or other mental health symptoms should be referred to a mental health professional. For assistance with preliminary evaluation of depression and PTSD, the PCL-C and PHQ-9 are recommended by the CDC for use with refugee populations.</p>

For more information, contact:

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